



July 31, 1995

Health Policy and Planning Division  
Office of Statewide Health Planning and Development  
1600 9th Street, Suite 400  
Sacramento, CA 95814

**RE: Official Response to California Hospital Outcomes Report  
Acute Myocardial Infarction: Model "B"**

We believe the results achieved under Model "B" are both inaccurate and misleading. According to study criteria patients who had "evidence of another myocardial infarction within the previous 8 weeks" were excluded. Two deaths which were attributed to Alexian Brothers Hospital fall into this category and should have been excluded. The first patient, ABH MR# \_\_\_\_\_ was a 36 year-old juvenile diabetic with diabetic retinopathy and end-stage renal failure who had had a myocardial infarction three weeks prior to his admission to Alexian Brothers Hospital. This hospitalization was at a different hospital. During that hospitalization, the patient underwent cardiac catheterization which revealed a cardiomyopathy with dilatation and severe inoperable coronary artery disease. The patient was in cardiogenic shock when he arrived at Alexian Brothers Hospital and died two hours and 40 minutes after admission.

The second patient, ABH MR \_\_\_\_\_, was a 54 year old female who had had a very severe episode of chest pain three weeks prior to her admission to Alexian Brothers Hospital. She did not seek medical care at that time. Three weeks after that initial episode she again had severe chest pain but did not come to the emergency room at Alexian Brothers Hospital until 14 hours after the start of the pain. Her EKG on admission showed an old inferior wall myocardial infarction and an acute extensive anterior wall myocardial infarction. The old infarction was undoubtedly the result of the chest pain she had experienced three weeks previously. Her terminal event appeared to be a myocardial rupture.

Again, according to study criteria "patients transferred to hospitals from long term care facilities were excluded because they may have been admitted only for comfort care." Two deaths which were attributed to **Alexian** Brothers Hospital fall into this category and should have been excluded. The first patient, ABH MR#                was an 83 year-old female with chronic organic brain syndrome and a resident of a convalescent hospital. The patient arrived in the emergency room in cardiogenic shock with an inferior wall myocardial infarction and third degree atrioventricular block. At the family's request the patient was made "No Code" at the time of admission. The second patient, ABH MR#                was an 85-year old female and a resident of an extended care facility. At the time of admission, the patient had a massive MI with Stage IV heart failure and an acute GI bleed. The patient was in cardiogenic shock on arrival in the emergency room and was made a "No Code."

A number of other patients, though not residents of long-term care facilities, were also admitted for "comfort care." One such patient, ABH MR#                was a 72-year old male resident of a "Board and Care" facility who had end-stage disease of four organ systems. The patient had no family and no conservator and was made a "No Code" by the hospital ethics committee. Another such patient, ABH MR#                was an 85-year old female who had just recently been discharged home "to die." However, the family was unable to cope and the patient was readmitted to the hospital in an unconscious state with a temperature of 102.5 and a blood glucose of 569.

Two other patients themselves requested only "comfort care." The first, ABH MR#                was a 79-year old female and a Jehovah's Witness who presented to the emergency room two days after sustaining an acute anterospetal wall myocardial infarction with congestive heart failure. At the patient's request she was provided "comfort care" only and made a "No Code." The second patient, ABH MR#                was a 91-year old female with a history of diabetes mellitus and chronic renal failure who presented to the hospital emergency room three to four days after sustaining her myocardial infarction and at the family's request received "comfort care" only and was made a "No Code."

Several other patients warrant specific mention because they typify the types of patients frequently admitted through the hospital emergency room. One such patient was a 95-year old female brought to the emergency room in coma with a temperature of 107 and a left lower lobe pneumonia. Her EKG, however, did show an anterolateral wall myocardial infarction. Obviously, this woman had no survivability and a means should have been found to exclude her from the study.


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Another such patient, ABH MR#                      was an 82-year old female with a history of diabetes mellitus and hypertension who had a cardiac arrest at home. When she arrived in the emergency room her pupils were fixed and dilated and at the family's request, she was made "No Code."

Two other such patients warrant specific mention. The first patient, ABH MR#                      was a 67-year old man who was admitted to the hospital through the emergency room with a massive CVA. After transfer to the floor, the patient developed acute cardiopulmonary arrest. Review of the record by the director of our cath lab reveals no data to sustain a diagnosis of acute myocardial infarction. The second patient, ABH MR#                      , was a 70-year old female who weighed 350 pounds. She had end-stage renal disease and was on chronic renal dialysis. In addition, she had had a previous CVA and multiple hospital admissions for urosepsis and pneumonia.

In summary, at least four patients should have been excluded from the study based on the study exclusion criteria. One additional patient was included because of a coding error and the cause of death should have been listed as CVA rather than Acute MI. The hospital deals with an elderly, very sick and underserved population. Thirty six percent of the deaths occurred in patients who had no identifiable primary care physician. Thirty six percent of the deaths also occurred in patients who were in cardiogenic shock on arrival in the emergency room. Thirty three percent of the patients who died had chest pain for periods of 12 hours to five days before presenting to the emergency room. Forty one percent of the patients who died were made "No Code" on arrival in the emergency room or shortly after admission. The average age of the patients who died was 71 and the median age was 73. Had the patients who should have been excluded actually been excluded, the hospital would have been in the "not significantly different than expected" category and possibly even in the "better than expected" category. Additionally, a good case can be made for concluding that the hospital actually does treat a group of patients who are sicker on average than those treated by most other hospitals.

  
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